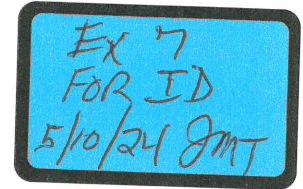


EXHIBIT E-7

Snookal, Mark

From: Levy, Scott
Sent: Monday, September 16, 2019 4:20 AM
To: Snookal, Mark
Subject: medical



Mark,

I spoke with Andrew Powers who briefed me on your recent discussion with him and let me know that you were waiting on written documentation and perhaps further explanation of your recent MSEA (medical suitability for expat assignment) examination. I'll do my best to explain in writing but also happy to further discuss live.

As you know, foreign assignments (including, Escravos Nigeria) can be in locations where access to critical prescription medications or medical care is extremely limited. For these and other reasons, we conduct an MSEA to confirm that an employee is medically able to work in the new job and location.

I understand that you are willing to take the risk of potentially dying on the job, and that you do not feel it is the company's place to make that decision for you. I agree to a certain extent and recognize your concerns about paternalism. However, the company does have a right to not engage individuals where their assignment could pose a "direct threat" to their own health and safety.

We certainly don't believe that every employee with a health condition poses a direct threat; we need to analyze the condition and the attributes of the job. When there are ways of ameliorating the risks (including reasonable accommodations) we work with the individual to do so. I became involved on your case when you had requested a second opinion on the initial denial and with your consent involved your treating physician to better understand your specific risk. While reasonable professionals can debate the exact percentage, we are dealing with an established risk that is several magnitudes higher than the baseline and is a realistic possibility. We respectfully disagree that this finding (regardless of the exact percentage) is based on stereotypes, as distinguished from objective medical evidence. But the risk itself is not determinative. The concern is that if the condition were to occur, the outcome would be catastrophic and would require an immediate emergency response which is not available and would most certainly result in death in Escravos. There is no medical capability to manage this type of emergency in Escravos or anywhere near Escravos. It is also clear that the duration of your condition is not limited and is continually present, and the occurrence is not predictable and it's not possible to isolate triggers to reduce the risk.

We have no problems with you working in El Segundo and believe there are many other foreign locations where you could work. We in fact discussed whether you could perform this particular job at a different location in Lagos, but it wasn't possible.

In response to your question, I would not foresee issues with you working in the following locations:

Americas: US onshore operations, San Ramon, Houston, Calgary, Vancouver, St. John, Argentina (Buenos Aires); Colombia (Bogota); Brazil (Rio de Janeiro), Trinidad (Port of Spain)

Asia Pacific: Singapore, Australia (Perth based), Hong Kong, New Zealand, Thailand (Bangkok, Rayong, Sirai Chi); South Korea (Seoul, Ulsan, Geoje), Philippines (Manila), China (Beijing, Shanghai), Japan Metropolitan; Malaysia (Kuala Lumpur); Pakistan Metropolitan

EEMEA: UK (all locations), Belgium (all locations), Denmark (all locations), France (all locations), Italy (all locations), Netherlands (all locations), United Arab Emirates (all locations), Norway (all locations), Germany (all locations), Sweden (all locations), South Africa (all locations), Bahrain (all locations), Qatar (all locations), Kuwait (all locations), Turkey (all locations), Poland (all locations), Saudi Arabia (all locations), Nigeria (Lagos), Russia (Moscow)

I'd need to do a more specific assessment for:

Americas: US offshore operations (Deepwater), Colombia (Riohacha); Argentina- Nuquen, Colombia -Rio Hacha, Guatemala, Panama, Mexico, Brazil Offshore, Kitimat (Canada)

AP: Australia (Barrow Island, Onslow, Dampier, Karratha, Thevenard Island & Wheatstone offshore); Bangladesh (Dhaka); China (Chengdu, Tianjin, Tanggu); Indonesia (Jakarta, Sumatra, Balikpapan); Malaysia (Lumut); Thailand (Songkla, Nakorn Srithammarat - NST, Offshore); Vietnam; India

EEMEA: Angola (Luanda); Nigeria (Lekki, Abuja), Azerbaijan (all locations), Ukraine (all locations), Romania (all locations), Rep. of Congo (Pointe Noire), Morocco (all locations), Egypt (all locations), Russia (outside Moscow).

I'd be quite concerned about other locations. As I mentioned above, I'd be more than happy to discuss this with you further.

Scott

Scott Levy

Regional Medical Manager, Europe, Eurasia, Middle East & Africa
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